PUBLIC WORKS & UTILITIES
SEWAGE TREATMENT DIVISION
PRETREATMENT PROGRAM
2305 East 57th St. South

APPLICATION FOR INDUSTRIAL WASTEWATER PERMIT

Date: _____

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
   Street: _____
   City: _____ State: _____ Zip: _____

2. Mailing Address _____
   Street/P.O. Box: _____
   City: _____ State: _____ Zip: _____
   Telephone No.: _____ FAX No: _____
   E-mail: _____

3. Owner/Operator Name: _____
   Contact Name: _____
   Signature: _____
   Telephone No.: _____

4. Name of other company representatives with signature authority: (If available)
   Name: _____ Title: _____
   Signature: _____

   Name: _____ Title: _____
   Signature: _____

   Please attach similar information on additional representatives on a separate sheet.

   Designated Facility Contact
   Name: _____
   Signature: _____
   Telephone No.: _____
   24 hour Emergency Telephone No.: _____

SECTION B - BUSINESS ACTIVITY

1. If your industry employs or will be employing processes in any of the industrial activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place an "X" beside the category of business activity that applies. Note: Check all that apply.

Industrial Categories *

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Centralized Wastewater Treatment
- ☐ Coil Coating
- ☐ Electric and Electronic Components
- ☐ Electroplating
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ Iron & Steel
- ☐ Leather Tanning & Finishing
- ☐ Metal Finishing
- ☐ Nonferrous Metals Manufacturing
- ☐ Nonferrous Metals Forming
- ☐ Organic Chemicals Manufacturing
- ☐ Paint & Ink Formulating
- ☐ Paving & Roofing
- ☐ Pesticides Manufacturing
- ☐ Iron & Steel
- ☐ Pharmaceutical
- ☐ Petroleum Refining
- ☐ Plastics & Synthetic Materials Manufacturing
- ☐ Plastics Process
- ☐ Porcelain Enamel
- ☐ Pulp, Paper & Fiberboard
- ☐ Rubber
- ☐ Soap & Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills

* A facility with processes inclusive in these business areas may be covered by EPA categorical pretreatment standards. These facilities are termed "Categorical Users."

2. Give a brief description of all operations of this facility including primary products or services (attach additional sheets if necessary):

SECTION B - BUSINESS ACTIVITY – CONTINUED

3. Indicate applicable Standard Industrial Classification (SIC) codes for all processes:

_____ _____ _____

_____ _____ _____

4. PRODUCT VOLUME - (if applicable)

Product Trade or Common Name	Past Calendar Year Amounts Per Day Average	Past Calendar Year Amounts Per Day Maximum	Estimate for Present Year Amounts Per Day Average	Estimate for Present Year Amounts Per Day Maximum	Units (ea,lb,pk)

SECTION C - WATER SUPPLY

1. WATER SOURCES AND AVERAGE WATER USAGE (GPD)
(Check all that are applicable)

☐ Municipal Water _____ GPD (Specify city, if different than Wichita) _____

☐ Surface Water _____ GPD

☐ Private Well _____ GPD

☐ Other _____ GPD Specify Source: _____

2. List average water usage on premises: (New facilities may estimate)

TYPE OF WATER USAGE	AVERAGE WATER USAGE (GPD)	INDICATE ESTIMATED/MEASURED
Process Water		
Plant & Equipment Wash down		
Contact Cooling Water		
Boiler Feed		
Non Contact Cooling Water		
Irrigation and Lawn Watering		
Sanitary/Domestic		
Contained in the Product		
Air/Groundwater Pollution Control		
Other (Specify)		
Total		

SECTION D - SEWER LINE INFORMATION

1. List size, descriptive location and flow of each facility sewer line which connects to the City's sanitary sewer system. (If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does this facility discharge any wastewater other than from restrooms to the City's sanitary system?

   ☐ Yes Please complete the remainder of this application.

   ☐ No Skip to Section I

2. Provide the following information on wastewater flow rate:

   a. Hours/Day Discharged (e.g., 9 AM - 5 PM)

      Mon _____ Tues _____ Wed _____ Thur _____

      Fri _____ Sat _____ Sun _____

   b. Peak flow rate (GPM) _____

   c. Annual daily average (GPD) _____

3. If batch discharges will occur, indicate:

   a. Number of batch discharges per day _____

   b. Average discharge per batch (gallons) _____

   c. Time of day of batch discharge _____

   d. Day(s) of week of batch discharge _____

   e. Percent of total discharge _____

4. SCHEMATIC FLOW DIAGRAM

   For each major activity in which wastewater is or will be generated, attach a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Number each unit process having wastewater discharge to the municipal sewer system. This drawing must be certified by a State Registered Engineer unless prior approval has been granted by the Pretreatment Administrator.

SECTION E - WASTEWATER DISCHARGE INFORMATION - CONTINUED

5. List average wastewater discharge, maximum discharge and type of discharge for each plant process. Include the reference number from the process schematic that corresponds to the process.

No.	Process Description	Average Flow (GPD)	Type of Discharge (batch, continuous, none)

6. List any discharge used for dilution processes (Categorical users only; applicants who checked any of the activities in Section B).

No.	Dilution	Avg. Flow (GPD)	Type of Discharge

7. For those Categorical Users subject to Total Toxic Organic Management Plan (TTOMP) requirements (i.e., Metal Finishers, Electroplaters, Electronic Component Manufacturers and Aluminum Formers) or for any others that the Pretreatment Administrator decides are subject to TTOMP requirements.

   Provide the following TTO information:

   a. Is the facility required to have a TTOMP?
      ☐ Yes ☐ No

   b. Has the Total Toxic Organic Management Plan (TTOMP) been revised? If so, what is the date of the most recent revision? Date:_____

SECTION E - WASTEWATER DISCHARGE INFORMATION - CONTINUED

8. Does the facility have a discrete sampling location, continuous sampling equipment, and/or flow metering equipment which is accessible to authorized representatives from the Department of Water and Sewer?
   a. Sampling location isolating your facility's discharge?
      ☐ Yes ☐ No Date location available: _____
   b. Sampling equipment?
      ☐ Yes ☐ No ☐ Not Applicable
   c. Flow metering equipment?
      ☐ Yes ☐ No ☐ Not Applicable
   d. Please indicate the sample location with subsequent equipment on the sewer schematic and describe the equipment below:

      _____

      _____

      _____

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.
   ☐ Yes ☐ No ☐ Not Applicable

10. If Yes, briefly describe these changes and their effects on the wastewater volume and characteristics:

    _____

    _____

    _____

    _____

11. Are materials or water reclamation systems in use or planned?
    ☐ Yes ☐ No ☐ Not Applicable

12. Briefly describe recovery process, substance recovered, percent removed, and the concentration in the agent solution. Submit a flow diagram for each process. (Attach additional sheets if necessary.)

    _____

    _____

    _____

    _____

SECTION F - CHARACTERISTICS OF DISCHARGE

All industrial users subject to the EPA Pretreatment Standards, 40 CFR Part 403, are required to submit monitoring data on all pollutants that are regulated specific to each process. All waste streams are to be sampled and analyzed by a Kansas Department Health & Environment (KDH&E) approved laboratory for all pollutants that are regulated. The sample results are to be attached to this permit application if required.

TABLE 1 - TOTAL ORGANIC COMPOUNDS - REGULATED PRIORITY POLLUTANTS

Acenaphthene	Bis-(2-chloroethyl) ether
Acrolein	2-chloroethyl vinyl ether (mixed)
Acrylonitrile	2-chloronaphthalene
Benzene	2,4,6-trichlorophenol
Benzidine	Parachlorometa cresol
Carbon tetrachloride (tetrachloromethane)	Chloroform (Trichloromethane)
	Ethylbenzene
Chlorobenzene	2-chlorophenol
1,2,4-trichlorobenzene	1,2-dichlorobenzene
Hexachlorobenzene	1,3-dichlorobenzene
1,2-dichloroethane	1,4-dichlorobenzene
1,1,1-trichloroethane	N-nitrosodi-n-propylamine
Hexachloroethane	Pentachlorophenol
1,1-dichloroethane	Phenol
1,1,2-trichloroethane	Bis (2-ethylhexyl) phthalate
1,1,2,2-tetrachloroethane	Butyl benzyl phathalate
Choroethane	Di-n-butyl phthalate
Diethyl phthalate	Di-n-octyl phthalate
Dimethyl phthalate	4-chlorophenyl phenyl ether
1,2-benzanthracene [benzo(a)anthracene]	4-bromophenyl phenyl ether
	Bis (2-chloroisopropyl) ether
3,4-benzopyrene [benzo(a)pyrene]	Bis (2-chloroethoxy) methane
3-4-benzofluoranthene [benzo(b)fluoranthene]	Methylene chloride (dichloromethane)
	Methyl chloride (chloromethane)
11,12-benzofluoranthene [benzo(k)fluoranthene]	Methyl bromide (bromomethane)
	Bromoform (tribromomethane)
Chrysene	Dichlorobromomethane
Acenaphthylene	Chlorodibromomethane
Anthracene	Hexachlorobutadine
1,12-benzoperylene [benzo(ghi)perylene]	Hexachlorocyclopentadiene
	Isophorone
Fluorene	Naphthalene
Phenanthrene	Nitrobenzene
1,2,5,6-dibenzanthracene [dibenzo(a,h)anthracene]	2-nitrophenol
	4-nitrophenol
Indeno (1,2,3-cd)pyrene (2,3-o-phenylene pyrene)	2,4-dinitrophenol
	N-nitrosodimethylamine
Pyrene	N-nitrosodiphenylamine
Tetrachloroethylene	Toluene
Trichloroethylene	Vinyl chloride (chloroethylene)
3,3-dichlorobenzidine	1,1-dichloroethylene
1,2-trans-dichloroethylene	2,4-dichlorophenol
1,2-dichloropropane (1,3-dichloropropene)	2,4-dimethylphenol
2,4-dinitrotoluene	2,6-dinitrotoluene
4,6-dinitro-o-cresol	1,2-diphenylhydrazine
PCB-polychlorinated biphenyls	PCB-1242 (Arochlor 1242)
PCB-1254 (Arochlor 1254)	PCB-1221 (Arochlor 1221)
PCB-1232 (Arochlor 1232)	PCB-1248 (Arochlor 1248)
PCB-1260 (Arochlor 1260)	PCB-1016 (Arochlor 1016)

2,3,7,8-tetrachlorodibenzo-p-diozin (TCDD)	Aldrin	4,4'-DDT
Chlordane (technical mixture and metabolites)	Dieldrin	Alpha-endosulfan
4,4' DDE (p,p'-DDX)	4,4'-DDD (p,p'-TDE)	Endrin
Beta-endosulfan	Endosulfan sulfate	Heptachlor epoxide
Endrin aldehyde	Heptachlor	Beta-BHC
BHC-hexachlorocyclohexane	Alpha-BHC	Toxaphene
Gamma-BHC	Delta-HBC	Fluoranthene

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?
   ☐ Yes ☐ No

   If No, is any wastewater treatment planned within the next three years?
   ☐ Yes ☐ No

2. Treatment devices or processes used or proposed for treating wastewater or sludge at this facility. (Check all that are applicable.)

   ☐ Air Flotation
   ☐ Biological Treatment Type: _____
   ☐ Centrifuge
   ☐ Chemical Precipitation
   ☐ Chlorination
   ☐ Cyclone
   ☐ Filtration
   ☐ Flow Equalization
   ☐ Grease or Oil Separation Type: _____
   ☐ Grease Trap
   ☐ Grinding Filter
   ☐ Grit Removal
   ☐ Ion Exchange
   ☐ Neutralization, pH Adjustment, pH Control
   ☐ Ozonation
   ☐ Rain Water Diversion or
   ☐ Reverse Osmosis
   ☐ Screen
   ☐ Ion Exchange
   ☐ Sedimentation Trap
   ☐ Septic Tank
   ☐ Solvent Separation
   ☐ Spill Protection
   ☐ Sump
   ☐ Other Describe: _____

SECTION G – TREATMENT - CONTINUED

3. Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures of each treatment device or process checked above. Include a process flow diagram and include process equipment, by-products, by-product disposal methods, and waste and by-product volumes. Attach additional sheets, if necessary.

_____

_____

_____

_____

_____

4. Do you have a treatment operator? ☐ Yes ☐ No ☐ Not Applicable
   If Yes:

   Name: _____

   Title: _____

   KDH&E Wastewater License Classification: _____

   Phone Number: _____

5. Do you have a manual on the correct operation of your treatment equipment?
   ☐ Yes ☐ No

6. Do you have a written maintenance schedule for your treatment equipment?
   ☐ Yes ☐ No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information:
   a. Indicate which days are worked per week:
      ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

   b. Indicate number of shifts worked per day
      Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

   c. Indicate number of employees per shift:

      1st _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

      2nd _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

      3rd _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

2. Indicate whether the business activity is:

   ☐ Continuous through the year

   ☐ Seasonal Indicate months of the year the activity occurs:

   _____

   _____

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS - CONTINUED

3. Do operations shut down for vacation, maintenance or other reasons?

   ☐ Yes ☐ No

   If yes, indicate reasons and period of shutdown: _____

   _____

4. List types and amounts (mass or volume) of raw material used or planned for use. Indicate whether per day, month or year. Attach a separate sheet if needed.

   _____

   _____

   _____

   _____

   _____

5. List types and quantity of chemicals used or planned for use. Attach copies of Material Safety Data Sheets (MSDS) for all chemicals identified.

Chemical	Average Quantity Kept On Hand

6. Building Layout

   Attach a drawing to scale of the location of each building on the premises. Show map orientation and location of all water meters, storm water collecting devices, storm drains, storm drain outfall or connection to the municipal storm sewer system, numbered unit processes (from the schematic flow diagram), municipal sewer lines, and facility sewer lines connecting the municipal sewer system. Number each sewer line and show existing and proposed sampling locations. Unless prior approval has been granted by the Pretreatment Administrator, this drawing must be certified by a State Registered Plant Engineer.
   A blueprint may be used in lieu of a drawing.

SECTION I - SPILL PREVENTION

1. Do you have a chemical storage container area at your facility?
   ☐ Yes ☐ No

   If yes, please provide a location, contents, size, type, and frequency and method of cleaning. Indicate proximity of these areas to storm or sanitary sewer systems.

   _____
   _____
   _____
   _____

2. Do you have floor drains in your manufacturing area?
   ☐ Yes ☐ No

   If yes, indicate where they drain to:
   ☐ Sanitary Sewer
   ☐ Storm Drain
   ☐ On-Site Disposal
   ☐ Other Specify: _____

3. Could an accidental spill from chemical storage and/or process containers lead to a discharge from your facility?
   ☐ Yes ☐ No

   If yes, indicate where the accidental spill would discharge to:
   ☐ Sanitary Sewer
   ☐ Storm Drain
   ☐ On-Site Disposal
   ☐ Surrounding Ground Area
   ☐ Other Specify: _____

4. Do you have a Spill Prevention and Countermeasure Plan (SPCP) in place to prevent spills or slug discharge from entering the sanitary sewer, storm drain or surrounding area?
   ☐ Yes ☐ No

   If Yes, please attach a copy and post a copy in the facility in a conspicuous place for all employees to see. If No, please provide one within 30 days of application date if applicable.

6. Please describe below any previous spill events and remedial actions taken to prevent reoccurrence.

   _____
   _____
   _____
   _____
   _____

SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges (hazardous and nonhazardous) generated and not disposed of into the sanitary sewer system?

   ☐ Yes ☐ No If Yes, indicate the waste generated below:

Waste Generated	Quantity/ Year	Disposal Method	Treatment/Storage Disposal Facility Name and Location

2. If an outside firm removes any of the wastes, state the name and address of the waste haulers and permit number.

   a. _____ b. _____

   Permit # _____ Permit # _____

3. Has your industry been issued any Federal, State or Local environmental permits?

   ☐ Yes ☐ No

   If yes, please list:

SECTION K - AUTHORIZED SIGNATURES

1. Compliance Certification
   a. Are all applicable Federal, State, and Local pretreatment standards and requirements being met on a consistent basis?

      ☐ Yes ☐ No

      If No, what additional operations and maintenance procedures are being considered to bring the facility into compliance?

   b. If the facility is not in compliance, provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable compliance dates. If the City establishes a compliance schedule with the issuance of your Permit, it may be different than the one submitted; however, the events and dates provided will be taken under consideration.

Milestone Activity	Completion Date

2. Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name Title

Signature Date Phone Number